

EXHIBIT 1

Date	Date Mailed	Status	Payee	Examiner	Pay Code	Pay Code Desc	Amt Paid	From Date	To Date	Doc Type	Bank Act	Check Num	Check Tot	Check Cleared	Check Cleared Date	Payment Cmts	Pmt Mthd	Date Voided	Payee Type
1/13/2016		System	Ciera Washington	MEPERRY	102	Temporary Total Disability	\$112.21	12/24/2015	12/30/2015	Check	30884018	1503378	\$112.21	Yes	1/20/2016		Check		Claimant
12/29/2015		System	Ciera WASHINGTON	MEPERRY	102	Temporary Total Disability	\$150.00	12/24/2015	12/30/2015	Check	30884018	1498076	\$150.00	Yes	1/7/2016		Check		Claimant

Tax ID	1099 Exempt	Mailing Addr	Allocation Cmt	Allocation	Earn Code	Lost Wrk Days	Rcv'd Dte	Postmark	Invoice	Amount Billed	Vendor	Int Ctl Num	Reim	Reim Code
000000000-000	No	Ciera Washington		1		7				\$112.21		3.01551E+14	No	
000000000-000	No	CIERA WASHINGTON		1		5				\$150.00	0	3.01551E+14	No	